

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

7433

Lobbyist's Registration Number

Instructions

- Print in ink only.
- Complete form and return to: L.A. Ethics, 2415 Quill Dr., 3rd Floor, Baton Rouge LA 70801 (225) 763-8717 or (800) 842-6630. No fee is required.
- This form can be submitted up to 60 days of any changes in your registration form, to add an employer, host you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representation.

FOR OFFICE USE ONLY

Postmark Date: 6/18/08

JEM-L

1. NAME Jeff A.N. AUDREY Jr.
First _____ MI _____

1072423

2. BUSINESS PHONE: (504) 257-86163. BUSINESS ADDRESS 5 Meriam Street, Plaquemine, LA 70764
Street No. _____ City _____ State _____ Zip _____MAILING ADDRESS 5 Meriam Street, Plaquemine, LA 70764
Street and No. _____ City _____ State _____ Zip _____4. EMPLOYER Omega Protein5. EMPLOYER'S ADDRESS 5 Meriam Street, Plaquemine, LA 70764
Street and No. _____ City _____ State _____ Zip _____6. Have you ceased to terminate in lobbying activities requiring registration? Yes No

7. LIST BELOW: (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization's office; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

8. Name Omega Protein
 Address 5 Meriam Street, Plaquemine, LA 70764
 Business purpose Omega Protein

New Representative
 Does this person pay you? _____

If No, who pays you? _____

Termination date or date as of 6/15/08

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2. Name *A. J. P.* _____

Address _____

Business or purpose _____

New Representation
Does this client pay you? _____

If No, who pays you? _____

Accredited Representative as of _____

3. Name *A. J. P.* _____

Address _____

Business or purpose _____

New Representation
Does this client pay you? _____

If No, who pays you? _____

Accredited Representative as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by the Lobbyist Disclosure Act (LSA-R.S. 24:50 et seq.) has been deliberately omitted.

Audrey A. McCain
Signature of Lobbyist